



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4806 (R9/11-99)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

(CFA-4)  
Summary Sheet

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☐ No

FILE NUMBER
TOTAL PAGES IN ENTIRE CFA-4 REPORT

Full name of committee (as on Statement of Organization) ☐ Check if this is a new name  
**LINDA GAYE CORDELL FOR FISHERS CLERK-TREASURER**

Acronym or abbreviated name, if any

3. Committee telephone number ( )

Mailing address (address where all campaign finance correspondence is received) ☐ Check if this is a new address  
**7075 KOLDYKE DRIVE**

City, state, ZIP code  
**FISHERS, IN 46038**

6. Party affiliation (if applicable)  
**REPUBLICAN**

Full name of candidate (include any nickname)  
**LINDA GAYE CORDELL**

8. Party affiliation or if independent  
**REPUBLICAN**

Office sought (Include district number, if any. Not required for exploratory committee.)  
**FISHERS CLERK-TREASURER**

10. County of residence  
**HAMILTON**

CHECK ONE:  
☐ Pre-Primary ☐ Pre-Election ☒ Annual ☐ Final / Disbands Committee (lines 18, 19, and 20 must be "0")

Outgoing Treasurer (within 10 days amend Statement of Organization)

Reporting period:  
From: **1-1-09** Through: **12-31-09**

CHECK ONE:  
☐ Pre-Convention ☐ Post-Convention

	COLUMN A This Period	COLUMN B Year to Date
Cash on hand and investments at the beginning of this reporting period	<b>2085.09</b>	
Cash on hand and investments January 1, current year		

CONTRIBUTIONS AND RECEIPTS  
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

5a. Itemized (use Schedule A)		
5b. Unitemized		
5c. Add lines 15a, and 15b in both columns	<b>.78</b>	<b>.78</b>
6. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	<b>.78</b>	<b>.78</b>
SUBTOTAL	<b>2085.87</b>	<b>2085.87</b>
TOTAL		

EXPENDITURES  
(Note: These amounts include in-kind expenditures and loan repayments.)

7a. Itemized (use Schedule B) (Public Question: use Schedule C)		
7b. Unitemized		
7c. Add lines 17a and 17b in both columns	<b>125.00</b>	<b>125.00</b>
Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	<b>199.00</b>	<b>99.00</b>
SUBTOTAL	<b>224.00</b>	<b>224.00</b>
Debts OWED BY the committee (use Schedule D)	<b>1861.87</b>	<b>1861.87</b>
Debts OWED TO the committee (use Schedule E)	<b>0</b>	<b>0</b>
TOTAL		

CERTIFICATION

I, **TREASURER**, do hereby certify that the foregoing is a true and correct copy of my knowledge and belief it is

Date: **1/6/10**

Date: **1/6/10**

A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor. (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)

FOR OFFICE USE ONLY

2010-01-06 10:54



REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE

State Form 4606 (R9 / 11-99)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other  
Receipts

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly in BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.**

FILE NUMBER

Page \_\_\_\_\_ of \_\_\_\_\_

CONTRIBUTOR'S FULL NAME AND OCCUPATION  
FULL MAILING ADDRESS  
(street, number, city, state, ZIP code)

TYPE OF CONTRIBUTION  
OR OTHER RECEIPT

COLUMN A  
AMOUNT THIS  
PERIOD

COLUMN B  
CUMULATIVE  
YEAR-TO-DATE

DATE RECEIVED

RECEIVED BY

1.

Contributions:

☐ Direct  
☐ In-Kind (describe)

Other Receipts:

☐ Interest ☐ Loan  
☐ Misc (specify)

Contributor's Occupation (if required)

2.

Contributions:

☐ Direct  
☐ In-Kind (describe)

Other Receipts:

☐ Interest ☐ Loan  
☐ Misc (specify)

Contributor's Occupation (if required)

3.

Contributions:

☐ Direct  
☐ In-Kind (describe)

Other Receipts:

☐ Interest ☐ Loan  
☐ Misc (specify)

Contributor's Occupation (if required)

4.

Contributions:

☐ Direct  
☐ In-Kind (describe)

Other Receipts:

☐ Interest ☐ Loan  
☐ Misc (specify)

Contributor's Occupation (if required)

5.

Contributions:

☐ Direct  
☐ In-Kind (describe)

Other Receipts:

☐ Interest ☐ Loan  
☐ Misc (specify)

Contributor's Occupation (if required)

SUB TOTAL THIS PAGE OF SCHEDULE A

TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY  
(Enter total on ITEM 15a of the Summary Sheet)

\$ 0

\$ 0



**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R9 / 11-99)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

**(CFA-4 SCHEDULE A-2)  
CONTRIBUTIONS BY CORPORATIONS  
Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly in BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).**

FILE NUMBER

Page \_\_\_\_\_ of \_\_\_\_\_

CONTRIBUTOR'S FULL NAME AND FULL MAILING  
ADDRESS  
(street, number, city, state, ZIP code)

TYPE OF CONTRIBUTION  
OR OTHER RECEIPT

COLUMN A  
AMOUNT THIS  
PERIOD

COLUMN B  
CUMULATIVE  
YEAR-TO-DATE

DATE RECEIVED

RECEIVED BY

Contributions:

☐ Direct

☐ In-Kind (describe)

Other Receipts:

☐ Interest ☐ Loan

☐ Misc (specify)

Contributions:

☐ Direct

☐ In-Kind (describe)

Other Receipts:

☐ Interest ☐ Loan

☐ Misc (specify)

Contributions:

☐ Direct

☐ In-Kind (describe)

Other Receipts:

☐ Interest ☐ Loan

☐ Misc (specify)

Contributions:

☐ Direct

☐ In-Kind (describe)

Other Receipts:

☐ Interest ☐ Loan

☐ Misc (specify)

Contributions:

☐ Direct

☐ In-Kind (describe)

Other Receipts:

☐ Interest ☐ Loan

☐ Misc (specify)

SUB TOTAL THIS PAGE OF SCHEDULE A

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(Enter total on ITEM 15a of the Summary Sheet)

\$ 0

\$ 0



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OF A POLITICAL COMMITTEE**

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Indiana Election Commission (IC 3-9-5-14)

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**(CFA-4 SCHEDULE A-3)  
CONTRIBUTIONS BY  
LABOR ORGANIZATIONS**

**Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE.** Please type or print legibly in **BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations **OVER \$100 per contributor**, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100 per contributor**, within a calendar year, **MUST** be itemized on this schedule over \$200 if regular party committee).

FILE NUMBER

Page \_\_\_\_\_ of \_\_\_\_\_

CONTRIBUTOR'S FULL NAME AND FULL MAILING  
ADDRESS  
(street, number, city, state, ZIP code)

TYPE OF CONTRIBUTION  
OR OTHER RECEIPT

COLUMN A  
AMOUNT THIS  
PERIOD

COLUMN B  
CUMULATIVE  
YEAR-TO-DATE

DATE RECEIVED

RECEIVED BY

Contributions:

☐ Direct

☐ In-Kind (describe)

Other Receipts:

☐ Interest ☐ Loan

☐ Misc (specify)

Contributions:

☐ Direct

☐ In-Kind (describe)

Other Receipts:

☐ Interest ☐ Loan

☐ Misc (specify)

Contributions:

☐ Direct

☐ In-Kind (describe)

Other Receipts:

☐ Interest ☐ Loan

☐ Misc (specify)

Contributions:

☐ Direct

☐ In-Kind (describe)

Other Receipts:

☐ Interest ☐ Loan

☐ Misc (specify)

Contributions:

☐ Direct

☐ In-Kind (describe)

Other Receipts:

☐ Interest ☐ Loan

☐ Misc (specify)

SUB TOTAL THIS PAGE OF SCHEDULE A

TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY  
(Enter total on ITEM 15a of the Summary Sheet)

\$

\$



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OF A POLITICAL COMMITTEE

State Form 4606 (R9 / 11-99)

Indiana Election Commission (IC 3-9-5-14)

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(CFA-4 SCHEDULE A-4)

CONTRIBUTIONS BY

POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE.** Please type or print legibly in BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers, in and in-kind contributions regardless of the amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER

Page \_\_\_\_\_ of \_\_\_\_\_

CONTRIBUTOR'S FULL NAME AND FULL MAILING  
ADDRESS  
(street, number, city, state, ZIP code)

TYPE OF CONTRIBUTION  
OR OTHER RECEIPT

COLUMN A  
AMOUNT THIS  
PERIOD

COLUMN B  
CUMULATIVE  
YEAR-TO-DATE

DATE RECEIVED

RECEIVED BY

Contributions:

☐ Direct

☐ In-Kind (describe)

Other Receipts:

☐ Interest ☐ Loan

☐ Misc (specify)

Contributions:

☐ Direct

☐ In-Kind (describe)

Other Receipts:

☐ Interest ☐ Loan

☐ Misc (specify)

Contributions:

☐ Direct

☐ In-Kind (describe)

Other Receipts:

☐ Interest ☐ Loan

☐ Misc (specify)

Contributions:

☐ Direct

☐ In-Kind (describe)

Other Receipts:

☐ Interest ☐ Loan

☐ Misc (specify)

Contributions:

☐ Direct

☐ In-Kind (describe)

Other Receipts:

☐ Interest ☐ Loan

☐ Misc (specify)

SUB TOTAL THIS PAGE OF SCHEDULE A  
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY  
(Enter total on ITEM 15a of the Summary Sheet)

\$

0

\$

0



REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE

State Form 4606 (R9 / 11-99)

Indiana Election Commission (IC 3-9-5-14)

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(CFA-4 SCHEDULE A-5)  
CONTRIBUTIONS BY  
OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE.** Please type or print legibly in **BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities **OVER \$100 per contributor, within a calendar year MUST** be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of the amount from candidate's, legislative caucus, and regular party committees **MUST** be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100 per contributor, within a calendar year, MUST** be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER

Page \_\_\_\_\_ of \_\_\_\_\_

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
				RECEIVED BY
1.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)			
2.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)			
3.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)			
4.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)			
5.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)			
SUB TOTAL THIS PAGE OF SCHEDULE A		\$ 0		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$ 0		



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Indiana Election Commission (IC 3-9-5-14)

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**(CFA-4 SCHEDULE B)  
Itemized Expenditures**

FILE NUMBER

**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on **ITEM 7a of the Summary Sheet**. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (over \$200, regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) **MUST** be itemized on this schedule.

Page \_\_\_\_\_ of \_\_\_\_\_

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
	OFFICE SOUGHT (if applicable)				
ode _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____			
ode _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____			
xde _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____			
xde _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____			
de _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____			
de _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____			
de _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____			
de _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____			
SUB TOTAL THIS PAGE OF SCHEDULE B			\$ 0		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$ 0		



REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE

State Form 4606 (R9 / 11-99)

Indiana Election Commission (IC 3-9-5-14)

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(CFA-4 SCHEDULE C)  
ITEMIZED EXPENDITURES  
For Public Questions

FILE NUMBER

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

Page \_\_\_\_\_ of \_\_\_\_\_

PUBLIC QUESTION INFORMATION

Enter Text of Public Question

Type of Question: ☐ Statewide ☐ Local  
Position: ☐ Supported ☐ Opposed

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF EXPENDITURE	PURPOSE OF EXPENDITURE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
DR LISA THOMPSON FOUNDATION 12010 CLUB HOUSE DR FISHERS, IN 46038	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind	FOUNDATION CONTRIBUTION	125.00	125.00	8-09
	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind				
	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind				
	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind				
	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind				
	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind				
	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind				
SUB TOTAL THIS PAGE OF SCHEDULE C			\$ 125.00		
TOTAL OF ALL PAGES OF SCHEDULE C ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$ 125.00		





**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R9 / 11-99)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

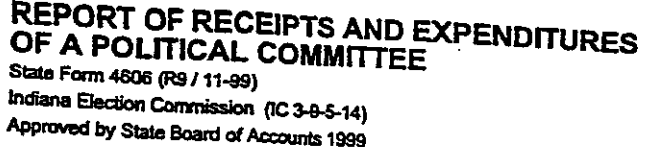
**(CFA-4 SCHEDULE D)  
Debts Owed by This Committee**

FILE NUMBER

Page \_\_\_\_\_ of \_\_\_\_\_

**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, **OWED BY** the committee during the reporting period. Include all amounts owed for or to lending institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the **ENDORSER'S** column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
LENDERS OCCUPATION:					
LENDERS OCCUPATION:					
LENDERS OCCUPATION:					
LENDERS OCCUPATION:					
LENDERS OCCUPATION:					
LENDERS OCCUPATION:					
LENDERS OCCUPATION:					
SUB TOTAL THIS PAGE OF SCHEDULE D					\$ 0
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet)					\$ 0



FILE NUMBER \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_

**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this schedule, see **INSTRUCTIONS** on the reverse side. List all debts, loans, regardless of amount, **OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.**

[illegible]